



COUNTY OF SAN BERNARDINO

NO. 3-1.70

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STANDARD PRACTICE

DEPARTMENT BEHAVIORAL HEALTH

SUBJECT VOLUNTEER POLICY

APPROVED

James McReynolds, Director

(Revised 1/95)

I. PURPOSE

To acquaint Department of Behavioral Health staff with procedures to follow when enrolling volunteers for behavioral health programs.

II. POLICY

The San Bernardino County Department of Behavioral Health encourages citizens to further self-development, increase their capabilities and value to the County, community and themselves by the performance of volunteer service.

III. DEFINITION OF TERMS

For the purpose of this policy the following definition will apply:

VOLUNTEER WORKER - A person who is not an employee of the County, but performs without pay in a Volunteer Service Program designated and authorized by the Board of Supervisors. This includes non-paid Student Interns, but excludes Board and Commission members who are not considered volunteers for the purpose of this Policy.

This policy is in addition to and does not supersede any State or County regulations involving volunteers.

POLICY AMPLIFICATION

1. Authorization of a Volunteer Service Program

The Board of Supervisors has approved the Department of Behavioral Health Volunteer Service Program. All properly registered volunteers will be covered for Workers Compensation and general liability losses while performing volunteer work

2. Vehicle Use

A. County Motor Fleet

Volunteer workers may operate a County vehicle only with the written permission of an Agency Administrator or non-agency department head, and providing they have a valid California Driver's License.

B. Private Vehicles

Volunteer workers may use their own vehicles while performing this function for the County providing they have a valid California Driver's License. The owner of a car is responsible for the personal liability and property damage insurance when the vehicle is used on County business.

C. Reimbursement for Use of Private Vehicles

Volunteer workers shall not be eligible for mileage reimbursement unless such reimbursement is specifically authorized in advance by the Board of Supervisors.

Any such reimbursements shall be made according to rates and conditions established by the Board of Supervisors at the time mileage reimbursement is authorized.

3. Recognition

Volunteer workers may be eligible to receive recognition under the provisions of the County Awards Policy and departmental recognition programs.

IV. ADMINISTRATIVE PROCEDURES

1. Each Regional Program Manager/designee is responsible for the following:

- A. Soliciting volunteers.**
- B. Contacting Payroll to obtain the Volunteer Registration Packet.**
- C. Proper registration of each volunteer to include:**
 - 1) Completion of Volunteer Application (Attachment "A");**
 - 2) Submission of Volunteer Application form to DMH Payroll Section to ensure eligibility for Worker's Compensation Coverage and Liability Coverage.**

- D. Maintaining adequate records to meet the needs of the worker, the Department and the County. Such records must include, at a minimum, the volunteer's name, program, starting date, total hours worked each day and termination date.
 - E. Provision of orientation training and supervision of each volunteer worker.
2. The Payroll section will be responsible for maintaining the Volunteer Registration Packets and a file of active DMH volunteer workers.

JS/amr

OATH OF CONFIDENTIALITY

undersigned, hereby agree not to divulge any information or records concerning any client/patient without proper authorization in accordance with California Welfare and Institutions Code, Section 5328, et seq.

I recognize the unauthorized release of confidential information may make me subject to a civil action under provisions of the Welfare and Institutions Code and Title 9, California Administrative Code, as follows:

W & I Code, Section 5330. Any person may bring an action against an individual who has willfully and knowingly released confidential information or records concerning the person in violation of the provisions of this chapter, for the greater of the following amounts:

- (1) Five hundred dollars (\$500.00),
- (2) Three times the amount of actual damages, if any, sustained by the plaintiff.

Any person may, in accordance with the provisions of Chapter 9 (commencing with Section 525) of Title 7 or Part 2 of the Code of Civil Procedure, bring an action to enjoin the release of confidential information or records in violation of the provisions of this chapter, and may in the same action seek damages as provided in this section

It is not a prerequisite to an action under the section that the plaintiff suffer or be threatened with actual damages.

Title 9, California Administrative Code, Section 942, Oath of Confidentiality. All officers and employees of the Department collecting, maintaining and utilizing any patient data information in the course of their duties with the Department shall sign an Oath of Confidentiality.

As a condition of performing my duties as an officer or employee of the Department of Mental Health, I agree not to divulge to any unauthorized person any client/patient data information obtained from any facility by the Department

I recognize that unauthorized release of confidential information may make me subject to a civil action under the provisions of the Welfare and Institutions Code, and may result in the termination of any office of employment

I will treat the identity of clients and all personal information revealed by them with the expectation of confidentiality, and all information about them contained in the Department's client charts, computer files, and other records as confidential information unless otherwise authorized.

I will not seek to learn information about any client which is not necessary for my job functions, whether or not I intend to reveal the information, and I will seek to restrict access to medical record or computer-generated information about a client or a group of clients only to those employees who need the information to carry out their legitimate job functions.

Name (Please print)

Position/Title

Place of Employment

Address

Signature

Date

COPY FOR EMPLOYEE PERSONNEL FILE

Starting Date: _____
Day(s)/Hours: _____
Staff: _____

SAN BERNARDINO COUNTY DEPARTMENT OF MENTAL HEALTH
VOLUNTEER APPLICATION

Name _____ Date _____
Address _____ Zip _____
Telephone _____ Office _____ Soc. Sec. # _____

EMPLOYMENT If you have ever worked or are now employed, the nature of your work:

If now employed, name of business _____

How Long? _____ Full-time? _____ Part-time _____

EDUCATION High School - Highest grade completed 9 10 11 12

College _____ Graduate School _____

Business School _____ Do you type? _____ Speed _____

Vocational training _____ Other (Certificates in) _____

is of study, Degrees _____

VOLUNTEER EXPERIENCE

Are you presently a volunteer? _____ If yes, where? _____

How long? _____ What do you do? _____

Previous volunteer experience _____

Where? _____

Do you have reliable transportation to your volunteer assignment? _____

Time available for volunteer work (including hours):

Weekdays _____ Weekends _____ Weeknights _____

Do you speak Spanish or any other foreign language fluently enough to converse? _____

Special interests, skills, hobbies that could be used in volunteer work:

How did you hear about this volunteer program? _____

Organizations in which you are active _____

As an adult have you ever been convicted of an offense, other than a minor traffic violation? _____ If yes, please explain nature. (This is not
sarily disqualifying information) _____

Local reference (not related to you and preferably a teacher or employer or person who can assess your ability)

1. _____
2. _____

Name

Address

Position

AUTOMOBILE INFORMATION

Drivers' License # _____ Expiration Date _____

Name of Insurance Company _____

Coverage Liability _____ Property Damage _____

Amount

Amount

Agent's Name and address _____

Person or physician to call in case of an emergency:

Name _____

Address _____ Phone _____

I CERTIFY THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE.

Signature_____
Date

EMPLOYEE INFORMATION

NAME _____

ADDRESS _____

TELEPHONE _____

Start Date _____

Employee # _____

Position # _____

DOB: _____

SS# _____

PERSON TO NOTIFY IN CASE OF EMERGENCY:

NAME _____ RELATIONSHIP _____

ADDRESS _____

TELEPHONE (714) _____ WORK _____